## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09694074

| CLAIMS AS FILED - PART I                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | SMALL ENTITY |                        |      | OTHER THAN |                        |  |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|-------------------------------|--------------|------------------|-----|--------------|------------------------|------|------------|------------------------|--|
| TOTAL OLANIC                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | (Column 1)    |                               | (Column 2)   |                  |     | TYPE         |                        | OR   | SMALL      | ENTITY                 |  |
| TOTAL CLAIMS                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 90            |                               |              |                  |     | RATE         | FEE                    |      | RATE       | FEE                    |  |
| FOR                                                      |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | NUMBER FILED  |                               | NUMBER EXTRA |                  |     | BASIC FEE    | 355.00                 | OR   | BASIC FEE  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                  |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 90 minus 20=  |                               | . 70         |                  |     | X\$ 9=       |                        | OR   | X\$18=     |                        |  |
| INDEPENDENT CLAIMS                                       |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               | . 3          |                  |     | X40=         |                        | OR   | X80=       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | +135=        | ,                      | OR   | +270=      |                        |  |
| * If the difference in column 1 is less than zero, enter |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               | r "0" in c   | olumn 2          | i   | TOTAL        |                        | OR   | TOTAL      |                        |  |
| CLAIMS AS AMENDED - PART II                              |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | 1            |                        | •    | OTHER      | THAN                   |  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      | (Column 1)                                |               | (Colur                        | nn 2)        | (Column 3) SMAI  |     |              | ENTITY                 | OR   | SMALL      |                        |  |
| AMENDMENT A                                              |                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>FXTRA |     | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                | . 12                                      | Minus         | 9                             | 0            | =                |     | X\$ 9=       |                        | ØŔ   | X\$18=     |                        |  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                          | · 3                                       | Minus         | ··· }                         | Y CLAUS      | <b>7</b>         |     | X40=         |                        | OR   | X80=       |                        |  |
| L_                                                       |                                                                                                                                                                                                                                                                                                                                                                                                      | NTATION OF MI                             | JUNPLE DEP    | ENDEN                         | CLAIM        |                  | ' [ | +1,35=       |                        | OR   | +270=      |                        |  |
| 51,52,53                                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | TOTAL        |                        |      | TOTAL      |                        |  |
|                                                          | 1/5001                                                                                                                                                                                                                                                                                                                                                                                               |                                           |               |                               |              |                  | ,   | ADDIT. FEE   |                        | OR   | ADDIT. FEE |                        |  |
| _                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      | (Column 1)<br>CLAIMS                      |               | (Colu                         |              | (Column 3)       | 1 . |              |                        |      |            |                        |  |
| AMENDMENT B                                              |                                                                                                                                                                                                                                                                                                                                                                                                      | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA |     | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                | •                                         | Minus         | **                            |              | =                |     | X\$ 9=       |                        | OR   | X\$18≃     |                        |  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Minus         | •••                           |              | =                |     | X40=         | <.                     | OR   | X80=       |                        |  |
| Ľ                                                        | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                          | NTATION OF M                              | JUIPLE DEP    | ENDEN                         | CLAIM        |                  | ۱ ۱ | +135=        |                        | OR   | +270=      |                        |  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | TOTAL        |                        | OR   | TOTAL      |                        |  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |                               |              |                  |     | ADDIT. FEE   | <u> </u>               | ١٠٠٠ | ADDIT. FEE |                        |  |
| _                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      | (Column 1)<br>CLAIMS                      | Teger emagram | (Colu                         | _            | (Column 3)       | 1 . |              |                        | l 1  |            |                        |  |
| AMENDMENT C                                              |                                                                                                                                                                                                                                                                                                                                                                                                      | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVI                  |              | PRESENT<br>EXTRA |     | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                | •                                         | Minus         | ••                            |              | =                |     | X\$ 9=       |                        | OR   | X\$18=     |                        |  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Minus         | • • •                         |              | =                |     | X40=         |                        | OR   | X80=       |                        |  |
| <u>_</u>                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT                                                                                                                                                                                                                                                                                                                                                             |                                           |               |                               | T CLAIM      |                  | J ∤ |              |                        | On   |            |                        |  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               | _                             |              |                  |     | +135=        |                        | OR   | +270=      |                        |  |
| ••                                                       | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |               |                               |              |                  |     |              |                        |      |            |                        |  |